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**DATE:** December 29, 2004  
**TO:** Examiner: Michael M. Thompson (3763)  
**COMPANY:** U. S. Patent Office  
**FAX NUMBER:** Centralized Fax: (703) 872-9306  
**FROM:** Howison & Arnott, L.L.P. (David C. Cain)  
**OUR FILE :** FMED-26,553  
**SERIAL NO.:** 10/726,960  
**ATTACHED:** Trans Form (1); Fee Trans (1); RCE (1); Credit Card form (1);  
Amendment (6).

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PTO/S&amp;Z/1 (08-03)

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	107728,960
	Filing Date	December 3, 2003
	First Named Inventor	Beckham
	Art Unit	3783
	Examiner Name	Thompson
Total Number of Pages in This Submission	Attorney Docket Number	FMED-26,553

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Form; RCE;
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Howison & Arnot, LLP. David C. Cain Reg. No. 45,337
Signature	<i>David C. Cain</i>
Date	12/29/04

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Typed or printed name	David C. Cain
Signature	<i>David C. Cain</i>
Date	12/29/04

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PTO/SB/17 (10-04/v2)

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**FEE TRANSMITTAL**  
**for FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$): 790.00**Complete if Known**

Application Number	10/726,960
Filing Date	December 3, 2003
First Named Inventor	Beckham
Examiner Name	Michael Thompson
Art Unit	3763
Attorney Docket No.	FMED-26,553

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 20-0780/FMED-26,553

Deposit Account Name: HOWISON & ARNOTT, L.L.P.

The Director is authorized to: (check all that apply)

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☒ Charge any additional fee(s) or any underpayment of fee(s)

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**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

**SUBTOTAL (1)** (\$):**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims:  -20\*\* =  X  =

Independent Claims:  -3\*\* =  X  =

Multiple Dependent:  =

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 68	2201 44	Independent claims in excess of 3	
1203 300	2203 150	Multiple dependent claim, if not paid	
1204 88	2204 44	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2)** (\$):

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	2053 65	Non-English specification	
1812 2,520	2812 1,260	For filing a request for ex parte reexamination	
1804 920*	2804 460*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	2805 920*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 430	2252 215	Extension for reply within second month	
1253 980	2253 490	Extension for reply within third month	
1254 1,530	2254 765	Extension for reply within fourth month	
1255 2,080	2255 1,040	Extension for reply within fifth month	
1401 340	2401 170	Notice of Appeal	
1402 340	2402 170	Filing a brief in support of an appeal	
1403 300	2403 150	Request for oral hearing	
1451 1,510	2451 755	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,370	2453 685	Petition to revive - unintentional	
1501 1,370	2501 685	Utility issue fee (or reissue)	
1502 490	2502 245	Design issue fee	
1503 660	2503 330	Plant issue fee	
1460 130	2460 65	Petitions to the Commissioner	
1807 50	2807 25	Processing fee under 37 CFR 1.17(q)	
1808 180	2808 90	Submission of Information Disclosure Sheet	
8021 40	28021 20	Recording each patent assignment per property (times number of properties)	
1809 790	2809 395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR 1.129(b))	
1801 790	2801 395	Request for Continued Examination (RCE)	790.00
1802 900	2802 450	Request for expedited examination of a design application	

Other fee (specify):

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$): 790.00**SUBMITTED BY**

Name (Print/Type)	David C. Cain	Registration No. (Attorney/Agent)	45,337	Telephone	972-680-8057
Signature	<i>David C. Cain</i>	Date	12/29/04		

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FMED-26,553

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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jim Beckham  
Serial No.: 10/726,960  
Filed: December 3, 2003  
Group: 3763  
Examiner: Michael Thompson  
For: MEDICAL BALLOON

Commissioner for Patents  
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David C. Cain

(Name of Person Mailing Document)

David C. Cain

(Signature)

12/29/04

(Date of Signature)

**AMENDMENT AFTER FINAL REJECTION**

In response to the Office Action dated October 5, 2004, please amend the above-referenced patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims beginning on page 2 of this paper.

**Remarks/Arguments** being on page 5 of this paper.

AMENDMENT AND RESPONSE  
S/N 10/726,960  
Atty. Dkt. No. FMED-26,553

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